

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09184074</i>	FILING DATE				
							APPLICANT(S)					
CLAIMS							*		*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101							51					
102							52					
103							53					
104							54					
105							55					
106							56					
107							57					
108							58					
109							59					
110							60					
111							61					
112							62					
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139							89					
140							90					
141							91					
142							92					
143							93					
144							94					
145							95					
146							96					
147							97					
148							98					
149							99					
150							100					
TOTAL IND.	4											
TOTAL DEP.	117											
TOTAL CLAIMS	117											

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO 09784074	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52	/			
3							53	/			
4		/					54				
5							55				
6		/					56				
7							57				
8		/					58				
9							59				
10		/					60				
11							61				
12		/					62				
13							63				
14		/					64				
15							65				
16		/					66				
17							67				
18		/					68				
19							69				
20							70				
21							71				
22							72				
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35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				